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CLERK OF DISTRICT COURT
SOUTHERN DISTRICT OF IOWA

Form A

FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF IOWAFREDERICK
DOUGLAS
ARMSTRONG
6150991(Enter above the FULL name and
inmate number of the plaintiff or
plaintiffs in this action.)

vs.

COMPLAINT

DAVID HAMMICK
JAY NELSON
JERRY BARTRUFF
et. al.(Enter above the FULL name of
each defendant in this action.)(NOTE: if there is more than ONE plaintiff, a separate sheet should be attached giving the information in part I and II below for
EACH plaintiff by name.)

I. Previous lawsuits:

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise
relating to your imprisonment?Yes ☐No ☒B. If your answer to A is Yes, please answer the questions 1 through 7 on the next page. (If there is more than one lawsuit,
describe the additional lawsuits on another sheet of paper using the same outline.)

1. Parties to this previous lawsuit

Plaintiffs

NA

Defendants

NA

2. Court (if Federal court, name the district; if State court, name the county)

NA

3. Docket Number

NA NA

4. Name of judge to whom case was assigned

5. Disposition, if known: (For example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit

NA

7. Approximate date of disposition

II. Place of present confinement

A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If your answer is YES,

1. What steps did you take?

I filed a INITIAL GRIEVANCE
after trying to resolve the situation informally.
Then I filed two subsequent GRIEVANCES
then I called the ombudsman office.

2. What was the result?

all GRIEVANCES DENIED and
NO RELIEF from the ombudsman's office

D. If your answer is NO, explain why not

NA

E. If there is no prison grievance procedure in the institution, did you complain to Prison authorities?
Yes ☐ No ☐

F. If your answer is YES,

1. What steps did you take?

NA

2. What was the result?

NA

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff

FREDERICK ARMSTRONG

Address

1200 E WASHINGTON MT PLEASANT IA. 52641

B. Additional plaintiffs

(In item C below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant

DAVID HELMICK

is employed as

CORRECTIONS OFFICER

at

MOUNT PLEASANT CORRECTIONAL FACILITY

D. Additional defendants

JAN NELSON WARDEN OF

MOUNT PLEASANT CORRECTIONAL FACILITY

JERRY BARTRUFF
OF CORRECTIONS

DIRECTOR OF DEPT
OF CORRECTIONS

IV. Jurisdiction

This complaint is brought pursuant to 42 U.S.C. § 1983, and jurisdiction is based on 28 U.S.C. § 1343(c). Plaintiff(s) allege(s) that the defendant(s) acted under color of state law with regard to the facts stated in part V of this complaint.

V. Statement of Claim

(State here as briefly as possible the FACTS of your case. You MUST state exactly what each defendant personally did, or failed to do, which resulted in harm to you. Include also the names of other persons involved (for example, other inmates) and state the date and place of all events. Attach an extra sheet if necessary, and write the heading PART V CONTINUED at the top of the sheet. Keep to the facts. Do not give any legal arguments or cite any cases.)

ON DECEMBER the 28th 2015 AT 10:45 AM
I thought I HEARD OFFICER HELMICK yell
"Chow" AS I LAY in my bunk AS WE had a
lay-in that day. A minute later he
WALKED in my cell AND KICKED A CHAIR
that sat by my bunk into my KNEES AND
SAID "get up or go to jail." (Im assuming
he meant Segregation) I put in a Kite
to SEEK MEDICAL ATTENTION AND did so the
NEXT DAY (DEC. 29th) I was told nothing was
wrong with my knee after minimal EXAMINATION.
It (my knee) CONTINUE to get WORSE so I
put in GRIEVANCES to SEE AN OUTSIDE DOCTOR
AND GET AN MRI. AND WAS DENIED ON
ALL 3 GRIEVANCES. The WARDEN REFUSED TO
ACT IN ANY MANNER that would afforded me
proper diagnosis thus PROPER TREATMENT
as did Mr BARTRUFF. I've two WITNESSES
to the assault, INMATE AARON Shelly #6762959
AND INMATE MITCHELL BERRY #6946860

VI. Relief

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

I REQUEST IMMEDIATE TRANSFER from
this institution. Also I would like
COMPENSATORY DAMAGES for physical damage
AND EMOTIONAL problems which has OCCURRED
due to DELIBERATE INDIFFERENCE by
MT PLEASANT C.F. STAFF. I also would like
to be SEEN by a doctor who has NOTHING
to do with D.O.C.

VII. Statement Regarding Assistance in Preparing This Complaint

A. Did any person other than a named plaintiff in this action assist you in preparing this complaint?

Yes ☐ No ☒

B. If your answer is YES, name the person who assisted you.

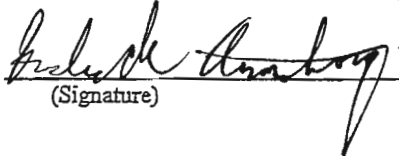
c. Signature of person who helped prepare complaint.

(Signature)

(Date)

VIII. Signature(s) of Plaintiff(s)

Signed this 13 day of SEPTEMBER, 20 16.


(Signature)

Signatures of additional plaintiffs, if any:

(Signature)
(Signature)
(Signature)
(Signature)
(Signature)
(Signature)

(Date)
(Date)
(Date)
(Date)
(Date)
(Date)